

Name

Sec: \_\_\_\_\_

Block: \_\_\_\_\_

Lot: \_\_\_\_\_

Ca: \_\_\_\_\_

Unit: \_\_\_\_\_

Tax year: \_\_\_\_\_

# WITHDRAWAL OF SMALL CLAIMS ASSESSMENT REVIEW PROCEEDINGS

Respondent.

Dated: Mineola, New York  
, 200

By: \_\_\_\_\_

Name: \_\_\_\_\_

Representative for Petitioner

Address and Telephone: